

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068572

1. Entity Name  
**NUTRITION-WHOLESALE CENTER, INC.**

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90138 024 \*\*\*150.00

Principal Place of Business  
**380 MONTE TRAIL  
WEST PALM BEACH FL 33415**

Mailing Address  
**380 MONTE TRAIL  
WEST PALM BEACH FL 33415-2620**

710827



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4294 Okeechobee BLVD**

3. Mailing Address  
**4294 Okeechobee BLVD.**

Suite, Apt. #, etc.

City & State  
**West Palm Beach, Florida**

City & State  
**West Palm Beach, Florida**

Zip  
**33409** Country  
**USA**

Zip  
**33409** Country  
**USA**

4. FEI Number **65-0855526** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TILLET, MICHAEL  
380 MONTE TRAIL  
WEST PALM BEACH FL 33415**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** may be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **SCHAFER, BRIAN**  
STREET ADDRESS **4663 S UNIVERSITY DR**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ Change ☐ ..  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **TILLET, SAMUEL**  
STREET ADDRESS **380 MONTE TRAIL**  
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **ADD SECRETARY AND** ☐ Change ☐ ..  
NAME **Treasurer to SAMUEL**  
STREET ADDRESS **TILLET**  
CITY-ST-ZIP

TITLE **ST** ☒ Delete  
NAME **GROSSMAN, DANIEL**  
STREET ADDRESS **380 MONTE TRAIL**  
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Change ☐ ..  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ ..  
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TITLE ☐ Delete  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ ..  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BRIAN SCHAFER - PRESIDENT** 1/31/00 (561) 688-5898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #